

PTO/SB/97 (12-97)

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FAX TRANSMISSION**RECEIVED
CENTRAL FAX CENTER****DEC 03 2003****OFFICIAL****DATE:** December 3, 2003**PTO IDENTIFIER:** Application Number 09/743242-Conf. #6001
Patent Number
Inventor: Jan Koopmans, et al.**MESSAGE TO:** L.B. Lankford, Jr.**FAX NUMBER:** 703-872-9306**FROM:** LAHIVE & COCKFIELD, LLP

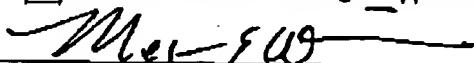
Megan E. Williams

PHONE: (617) 227-7400**Attorney Dkt. #:** DNI-038CPUS**PAGES (Including Cover Sheet):** 21**CONTENTS:** Amendment Transmittal (1 page);
Response (11 pages);
Notice of Appeal (1 page in duplicate);
Fee Transmittal (1 page in duplicate);
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page in duplicate);
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AMENDMENT TRANSMITTAL LETTER				Docket No. DNI-038CPUS	
Application No. 09/743242-Conf. #6001	Filing Date August 17, 2001	Examiner L.B. Lankford, Jr.	Art Unit 1651		
Applicant(s): Jan Koopmans, et al.					
Invention: IMPROVED METHODS FOR STORING NEURAL CELLS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
Total Claims	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
49	- 59 =		x	0.00	
Independent Claims	13	- 18 =	x	0.00	
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					
Other fee (please specify): Extension for response within third month; Notice of appeal 640.00					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 640.00					
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 12-0080 in the amount of \$ 640.00 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 12-0080 as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17					
 Megan E. Williams Attorney Reg. No. 43,270					
Dated: December 3, 2003					
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PTO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2004

Effective 7/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 640.00)**METHOD OF PAYMENT** (check all that apply)
 Check Credit Card Money Order Other None
 Deposit Account:Deposit Account Number **12-0080**Deposit Account Name **Lahive & Cockfield, LLP**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) or any underpayments of fee(s) Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001	770	2001	585	Utility filing fee
1002	340	2002	170	Design filing fee
1003	630	2003	285	Plant filing fee
1004	770	2004	385	Reseue filing fee
1005	160	2005	80	Provisional filing fee

SUBTOTAL (1) (\$ 0.00)**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
49	-79		0.00
Independent Claims	11	-21	0.00

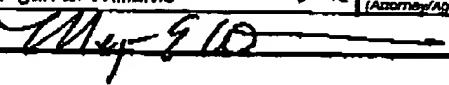
Multiple Dependent

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 -- Reseue independent claims over original patent
1205	18	2205 9 -- Reseue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

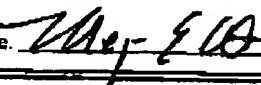
** or number previously paid, if greater. For Reseues, see above

SUBMITTED BY

Name (Print/Type)	Megan E. Williams	Registration No. (Attorney/Agent)	43,270	Telephone	(617) 227-7400
Signature				Date	December 3, 2003

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Dated: December 3, 2003

Signature.  703-672-9306

(Megan E. Williams)